



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: MICHELE BOIX, et al;.	)	Examiner:
	)	
Serial No.: Pending	)	Group Art Unit:
	)	
Filed: Herewith	)	
	)	
For: METHOD OF STERILIZATION OF	)	
POLYMERIC MICROPARTICLES	)	Irvine, California
	)	

**NON-PROVISIONAL PATENT APPLICATION TRANSMITTAL LETTER**

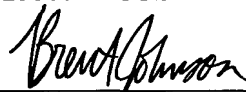
Mail Stop: Patent Application  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Sir/Madam:

Enclosed herewith are the following documents:

- (x) Transmittal Letter – 4 pgs
- (x) Specification (19 pages total) consisting of 39 Claims (3 pgs) Abstract (1 page)
- (x) Drawings (4 sheets) - Color
- (x) Declaration/Power of Attorney not executed
- ( ) Assignment with Recordation Cover Sheet
- ( ) Information Disclosure Statement with cited art
- (x) Return/postage paid Postcard
- (x) Express Mail Certificate No. EV295682188US

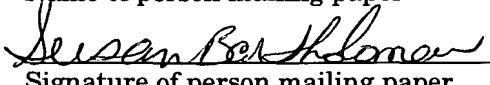
Dated: 7/2/03

  
 BRENT A. JOHNSON  
 Registration No. 51,851

**CERTIFICATE OF EXPRESS MAIL UNDER 37 C.F.R. §1.10**

I hereby certify that the above-identified documents are being deposited with the United States Postal Service on **July 2, 2003** in an envelope as "Express Mail Post Office To Addressee" mailing label number EV295682188US with sufficient postage for Express Mail addressed to MS: Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: July 2, 2003

Susan Bartholomew  
 Name of person mailing paper  
  
 Signature of person mailing paper

## NEW APPLICATION TRANSMITTAL FORM

To the Assistant Commissioner for Patents:

This is a Request for filing a NON-PROVISIONAL patent application under 37 CFR 1.53(b) entitled **METHOD OF STERILIZATION OF POLYMERIC MICROPARTICLES** by the following named inventor:

<b>1</b>	Full Name of Inventor	Last Name: <b>BOIX</b>	First Name: <b>MICHELE</b>	Middle Name:	
	Residence and Citizenship	City: <b>CANTARON</b>	State or Foreign Country: <b>FRANCE</b>	Country Of Citizenship: <b>FRANCE</b>	
	Post Office Address	Post Office Address: <b>250 Chemin de la Lauvette</b>	City: <b>Cantaron 06340</b>	State or Country: <b>France</b>	Zip Code:
<b>2</b>	Full Name of Inventor	Last Name: <b>SARRAZIN</b>	First Name: <b>CHRISTIAN</b>	Middle Name:	
	Residence and Citizenship	City: <b>PEGOMAS</b>	State or Foreign Country: <b>FRANCE</b>	Country Of Citizenship: <b>FRANCE</b>	
	Post Office Address	Post Office Address: <b>Hameau des Martelly, 7 Allee des Lavandes</b>	City: <b>Pegomas 06580</b>	State or Country: <b>France</b>	Zip Code:
<b>3</b>	Full Name of Inventor	Last Name: <b>HUGHES</b>	First Name: <b>PATRICK</b>	Middle Name: <b>M.</b>	
	Residence and Citizenship	City: <b>ALISO VIEJO</b>	State or Foreign Country: <b>CALIFORNIA</b>	Country Of Citizenship: <b>U.S.A.</b>	
	Post Office Address	Post Office Address: <b>2 Somerset Drive</b>	City: <b>Aliso Viejo</b>	State or Country: <b>California</b>	Zip Code: <b>92656</b>

<b>4</b>	Full Name of Inventor	Last Name: <b>DO</b>	First Name: <b>MARINA</b>	Middle Name:	
	Residence and Citizenship	City: <b>MENTON</b>	State or Foreign Country: <b>FRANCE</b>	Country Of Citizenship: <b>FRANCE</b>	
	Post Office Address	Post Office Address: <b>5, rue de Bres</b>	City: <b>Menton 06500</b>	State or Country: <b>France</b>	Zip Code:
<b>5</b>	Full Name of Inventor	Last Name: <b>MAROTEAUX</b>	First Name: <b>ISABELLE</b>	Middle Name:	
	Residence and Citizenship	City: <b>ANTIBES</b>	State or Foreign Country: <b>FRANCE</b>	Country Of Citizenship: <b>FRANCE</b>	
	Post Office Address	Post Office Address: <b>601 Chemin des Vieux Brusquets</b>	City: <b>Antibes 06600</b>	State or Country: <b>France</b>	Zip Code:

(X) The Commissioner is hereby authorized to use Deposit Account Number 01-0885 for the payment of any extension fees incurred during the prosecution of this application.

(X) Enclosed is a specification of 19 pages, 39 claims ( 3 pages) and an abstract (1 page).

Oath or Declaration

( ) Enclosed is a fully executed oath or declaration.

(X) Enclosed is an unsigned oath or declaration.

(X) A self-addressed return postcard is enclosed for verification of receipt.

(X) The filing fee is calculated below:

FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE
Basic Fee (Large entity)			\$750.00	\$750.00
Total Claims	39 minus 20 =	-19-	\$18.00	\$342.00
Independent Claims	5_ minus 3 =	-2-	\$84.00	\$168.00
If application contains any multiple dependent claims, then add			\$280.00	\$ .00
<b>TOTAL FILING FEE</b>				<b>\$1260.00</b>

(X) The Commissioner is hereby authorized to charge the filing fee and excess claim fees

(including multiple dependent claim fee) as stated above to Deposit Account No. 01-0885. If this amount is incorrect, or for payment of any other fees that may be incurred as a result of this communication please use said Deposit Account. A duplicate copy of this sheet is enclosed for that purpose.

- ( ) An Assignment with the Recordation Cover Sheet, bestowing all interest in this application to Allergan, Inc., is enclosed.
- (X) New drawing(s) are enclosed 4 sheets.
- ( ) A Statement Pursuant to 37 CFR §1.821(f) and a labeled diskette containing the computer readable sequence listing is enclosed.
- ( ) A Statement Pursuant to 37 CFR §1.821(e), stating that the paper copy and the computer readable form are identical is filed herewith.
- ( ) A properly labeled computer readable form of the Sequence Listing accompanies this Application.
- (X) The Power of Attorney in this application is to Brent A. Johnson, Registration Number 51,851.
- (X) The Power of Attorney appears in the Combined Declaration and Power of Attorney, filed herewith.
- ( ) A copy of the Request for Extension of Time filed in the prior application is enclosed.


Please address all future communications to:

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Registration No. 51,851  
ALLERGAN, INC.  
2525 Dupont Drive, T2-7H  
Irvine, CA 92612  
Tel: 714-246-4348 Fax: 714-246-4249

Respectfully submitted,

Date: \_\_\_\_\_

<sup>BJ</sup>  
1/2/03



Brent A. Johnson  
Registration No. 51,851  
Patent Agent of Record